This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	_
Cable Syste	ictions are located	8/30/21	\$	<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tot: (202) 707 8150
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	'YYY/(Period))	
	2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	20212	Barcode Data Filing Period (optiona	I - see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of t title of the subsidiary, not that of the par		sidiary of another corporation, give the full	corporate
Owner	List any other name or names under whi	ch the owner conducts the business of	the cable system.	
	If there were different owners during the single statement of account and royalty is		n the last day of the accounting period shoul nting period.	d submit a
	Check here if this is the system's first filir	ng. If not, enter the system's ID numbe	r assigned by the Licensing Division.	031251
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM	Λ	
	CEQUEL COMMUNICATIONS LLC			
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	T)	
	SUDDENLINK COMMUNICATIONS			
	MAILING ADDRESS OF OWNER OF	F CABLE SYSTEM		
	3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite r	number)		
	City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any busi			
System	names already appear in space B. In line	2, give the maining address of t	në system, il dherent from the addre	ss given in space B
	1 IBERIA PARISH (PORTION	IS OF), LA		
	MAILING ADDRESS OF CABLE SYSTEM	Л:		
	2 (Number, street, rural route, apartment, or suite r	number)		
	(City, town, state, zip code)			
Privacy Act Notic	e: Section 111 of title 17 of the United States Code au	uthorizes the Copyright Offce to collect th	ne personally identifying information (PII) reque	ested on this

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Name	CEQUEL COMMUNICATIONS LLC	0312
D	Instructions: List each separate community served by the cable system. A "community" "a separate and distinct community or municipal entity (including unincorporated comm discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	munities within unincorporated areas and including single, will serve as a form of system identification hereafter know
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor identified city.	me parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	IBERIA PARISH (PORTIONS OF)	LA
Community	ST. MARTIN PARISH	LA
	VERMILION PARISH (PORTIONS OF)	LA
ld Rows as Necessary		

	1						FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						
	CEQUEL COMMUNICAT	TIONS LLC						03125
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRIBERS AND	RATES				
E	In General: The information in s		-		•			
<u> </u>	system, that is, the retransmission				•			
Secondary Transmission	about other services (including p last day of the accounting period					inose exist	ing on the	
Service: Sub-	Number of Subscribers: Both	`	,	,	,	ble svstem	ı. broken	
scribers and	down by categories of secondary					•		
Rates	each category by counting the n		5 0 7 (,	charged	
	separately for the particular serv				•	,	na and the	
	Rate: Give the standard rate c unit in which it is generally billed	-				-	-	
	category, but do not include disc	• •	,			5 within a		
	Block 1: In the left-hand block				condary transmis	sion servi	ce that cable	
	systems most commonly provide							
	that applies to your system. Not		-		-			
	categories, that person or entity subscriber who pays extra for ca				0,	•		
	first set" and would be counted of							
	Block 2: If your cable system					different f	rom those	
	printed in block 1 (for example, t				•			
	with the number of subscribers a	and rates, in th	e right-hand block.	A two- or thre	ee-word descript	ion of the s	service is	
	sufficient.	DCK 1				BLOCK	()	
		NO. OF				DLOON	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:							
	Service to first set		715 34.99	•				
	 Service to additional set(s) 							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial		9 45.9	5				
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC			TES				
-	In General: Space F calls for rat	· · · · · ·			all your cable sys	stem's serv	vices that were	
F	not covered in space E, that is, t	hose services	that are not offered	in combinati	on with any seco	ondary trar	nsmission	
. .	service for a single fee. There ar	•	•	U U		0.0	,	
Services Other Than	furnished at cost or (2) services amount of the charge and the ur							
Secondary	enter only the letters "PP" in the		usually blice. If all	y rates are of			rogram basis,	
ransmissions:	Block 1: Give the standard rat		the cable system for	each of the	applicable servi	ces listed.		
Rates	Block 2: List any services that							
	listed in block 1 and for which a				t these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip	otion and inclue	de the rate for each.			1		
		BLO					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY OF S		RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:	47.00	Installation: Non-	esidential				
	• Pay cable	17.00	• Motel, hotel					
	Pay cable—add'l channel	19.00	Commercial					
	Fire protection		Pay cable Pay cable add'	channel				
	•Burglar protection Installation: Residential		Pay cable-add' Eiro protoction	channel				
	LIUSIAIIAUOII: KESIOENTIAI		Fire protection	a n				
		00.00	 Burglar protecti 	011				
	• First set	99.00 25.00	Other conditions					
	• First set • Additional set(s)	99.00 25.00	Other services:		40.00			
	 First set Additional set(s) FM radio (if separate rate) 		Reconnect		40.00			
	• First set • Additional set(s)		ReconnectDisconnect	_				
	 First set Additional set(s) FM radio (if separate rate) 		Reconnect		40.00 25.00 99.00			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM		SYSTEM
Name				031
	PRIMARY TRANSMITTERS:			
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann- of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast). For the meaning of these to Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part- ne carriage of certain network progr (1(e)(2) and (4))]; and (2) certain state arried by your cable system on a such the Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- brogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educat actions in the paper SA1-2 form.	time basis under rams [sections ations carried on a bstitute program Log)—if the to on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KADN(KLAF)-2	15.2	N	LAFAYETTE, LA
	KADN(KLAF)-HD2	15.2	N-M	LAFAYETTE, LA
ld Rows as Necessary	KADN-1	15		LAFAYETTE, LA
,	KADN-3	15.3	I-M	LAFAYETTE, LA
	KADN-HD1	15	I-M	LAFAYETTE, LA
	KATC-1	3	N	LAFAYETTE, LA
	KATC-2	3.2	I-M	LAFAYETTE, LA
	KATC-3	3.3		LAFAYETTE, LA
		3	<u>м</u> N-М	
	KATC-HD1			
	KLFY-1	10	N	
	KLFY-HD1	10	N-M _	
	KLPB-1	24	E	LAFAYETTE, LA
	KLWB-1	24 50	E	LAFAYETTE, LA NEW IBERIA, LA
			E I	

EGAL NAME OF								SYSTEM I 0312
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of or detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the station	/ the sys be recei t the Co sign of e he statio ion's sign g a check i's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. on is AM or FM. nal was electronically processes mark in the "S/D" column. on (the community to which the	the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 nna, during co ge (v) of the g ystem as a se sed by the FC	!) it can ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the. and discrete	Primary Transmitters Radio
		0/5				0/5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Name CEQUEL COMMUNICATIONS LLC 03122 I SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space 1, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a furthe explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Mon Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. Cloc OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please ad additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball"." List specific program titles, for example, "Love Lucy" or "NBA Basketball: TGer vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the broadcast station's location (the community to which the station is identiffied). Column 3: Give the mo	ccounting Perio								
I SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a furthe explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program, "substitute program" that, during the accounting period, was broadcast by a distant station and that your cable system substitute for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories or "basketBall" List specific program titles, for example, "Love Lucy" or "NBA BasketBall" for svs. Bulls." Column 3: Give the title addition addition in the station is identified. Column 4: Give the title or was nonacdast live, enter "Yes." Otherwise enter "No."	Name								SYSTEM ID
I General: In space I, identify <i>every nonnetwork television program</i> , broadcast by a <i>distant</i> station, that your cable system carried on <i>substitute basis</i> during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a furthe explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program. ("Substitute for gramming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program ") that, during the accounting period, was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the title of every nonzadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Golumn 6: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/r." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:0:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m." Column 6: State the times when the substitute program may substitute for programming that you				6					03125
Substitute substitute substitute carriage: Special 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE *During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? YES NO Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. I. Go of SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substitute for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: "Goium 2: If the program was broadcast tive, enter "Yes." Otherwise enter "No." Column 4: Give the broadcast station's location (the community with which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is location by as substitute for gramming that your system was required to delete under FCC rules and regulations in effect during the accounting period, enter the letter "P" if the listed program was substitute for programming that		SUBSTITUTE CARRIAG	E: SPECIAL	STATEME	NT AND PROGRAM L	OG			
Substitute Carriage: Special itatement and Program Log I: SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE Special itatement and Program Log • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?	I								
Special Interement and Program Log • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? ✓ YES ✓ NO Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS ✓ Yes ✓ NO In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: T6ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m." Column 7: Enter the letter "P" if the listed program was substituted for programming that your system was substituted for programming that your system was nequired	Substitute								
itatement and Program Log "During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Image: Type: Typ	-	1. SPECIAL STATEMEN	T CONCERN	ING SUBS	TITUTE CARRIAGE				
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is identified). Column 5: Give the month and day when your system carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the	Special Statement and	During the accounting per	riod, did your	cable syster	n carry, on a substitute b	asis, any noni	network tele	vision prog	
log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community with which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is licensed by the FCC or, in the case of Mexican or Ganadian stations, if any, the community our cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect on October 19, 1976. SUBSTITUTE PROGRAM VHEN SUBS	Program Log	broadcast by a distant sta	ation?					YES	× NO
2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: T6ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community with which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is licensed by the FCC or, in the case of Mexican or Canadian stations are arried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m.," Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was permitted to delete under F		Note: If your answer is "No	o", leave the re	est of this pa	ige blank. If your answer	is "Yes," you i	must comple	ete the pro	gram
In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball. Foers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community with which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "57." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was substituted for programming that your system was required to delete under FCC rules and regulations in effect on October 19, 1976. VHEN SUB									
WHEN SUBSTITUTE SUBSTITUTE PROGRAM WHEN SUBSTITUTE 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES		period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograt Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mon first. Example: for May 7 gi Column 6: State the tim	a distant statio egulations, or a ries like "movi . Bulls." m was broadc sign of the sta adcast station nadian station nth and day w ive "5/7."	on and that yo authorization ies" or "bask cast live, ente ation broadc n's location (t ns, if any, the when your systitute pro-	our cable system substitu ns. See page (v) of the g etball." List specific progr er "Yes." Otherwise enter asting the substitute program the community to which the community with which the stem carried the substitu ogram was carried by yo	uted for the pr eneral instruct ram titles, for e "No." gram. he station is li he station is id te program. U ur cable syste	ogramming ions for furt example, "I l censed by ti lentified). se numerals m. List the t	of another her informa _ove Lucy" he FCC or, s, with the i imes accur	station ation. ' or , in month rately
1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES		Column 7: Enter the lett to delete under FCC rules was substituted for program	ter "R" if the lis and regulation mming that you	ns in effect d	uring the accounting per	iod; enter the	letter "P" if t	, he listed pr	
I. IIILE OF PROGRAM		Column 7: Enter the lett to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the lis and regulation mming that you b.	ns in effect d our system w	luring the accounting per as permitted to delete un	iod; enter the ider FCC rules	letter "P" if t s and regula N SUBSTI	he listed pr tions in	rogram
Image: second		Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the lis and regulation mming that you b. UBSTITUTE	ns in effect d our system w PROGRAM	luring the accounting per as permitted to delete un	iod; enter the ider FCC rules WHE CARRI	N SUBSTIT	he listed pr tions in TUTE JRRED	7. REASON FO
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Accounting Period:	2021/1 FORM SA1-2	2E. PAGE 6.
Name		STEM ID#
	CEQUEL COMMUNICATIONS LLC	031251
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se page (vii) of the general instructions located in the paper SA1-2 form Gross receipts from subscribers for secondary transmission service(s) 187,3 IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross)	363.17 receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,80(Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information.	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00	
	Line 1. Royalty fee for accounting period	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula \$ 263,800.00	
	2. Enter amount of gross receipts from space K \$ 187,363.17	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K \$ 187,363.17	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	54.63
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 \$ 5	54.63
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	<u> </u>
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 554.63	
Duc	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 5	574.63
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2021/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 031251
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations . 2. Enter the total number of activated channels on which the cable system carried television broadcast stations . on which the cable system carried television broadcast stations and nonbroadcast services .	13 221
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information		(903) 579-3152
	Address 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
	Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership) or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereia are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] There an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING Citle of official position hed in corporation or partnership)	system as identified mer of the cable system
	Date: 7/22/2021	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of law.

unting Period: 2	2021/1	FORM SA1-2E. PAGE
	NER OF CABLE SYSTEM:	SYSTEM II
QUEL COMM	UNICATIONS LLC	03125
The Satellite He lowing sentence "In deter service of scribers For more inform	TATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS ome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- e: rmining the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." nation on when to exclude these amounts, see the note on page (vii) of the general instructions taper SA1-2 form.	P Special Statement Concerning Gross Receipts Exclusion
During the acco	punting period, did the cable system exclude any amounts of gross receipts for secondary transmissions te carriers to satellite dish owners?	
	the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
	ASSESSMENT	
	blete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
•	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
For an explana		Q Interest Assessmer
For an explana	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
For an explanation of the second seco	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. he amount of late payment or underpayment	Q Interest Assessmen
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For an explanation of the second seco	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. The amount of late payment or underpayment	Q Interest Assessmen
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For an explanat Line 1 Enter th Line 2 Multiply Line 3 Multiply in space * To view th contact th ** This is the NOTE: If you at list below the or Owner Address	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. he amount of late payment or underpayment	Q Interest Assessme

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